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PTO/SB/17 (11-0)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>				Complete if Known																																																																																																																																																																																																																																																																					
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div>				Application Number		09/373,576-Conf. #2727																																																																																																																																																																																																																																																																			
				Filing Date		August 13, 1999																																																																																																																																																																																																																																																																			
				First Named Inventor		J. K. Kelly																																																																																																																																																																																																																																																																			
				Examiner Name		Y. Garg																																																																																																																																																																																																																																																																			
TOTAL AMOUNT OF PAYMENT (\$)				110.00		Attorney Docket No.		6945.035.00																																																																																																																																																																																																																																																																	
METHOD OF PAYMENT (check all that apply) <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input type="checkbox"/> Deposit Account</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Deposit Account Number: 50-0911</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Deposit Account Name: Long Aldridge & Norman LLP</div> <div style="margin-top: 5px;">The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																					
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